

PI6000084940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

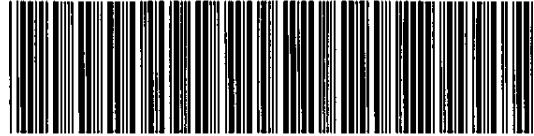
(Business Entity Name)

(Document Number)

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16 OCT 21 AM 10:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/24/16

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Anthony Vlahovic, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Anthony Vlahovic, P.A.

Name (Printed or typed)

2000 NE 135 ST #1009

Address

NORTH MIAMI, FL 33181

City, State & Zip

305-527-7145

Daytime Telephone number

anthonyvlahovic@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED

16 OCT 21 PM 12:34

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OFFICE OF COMMERCIAL
REGISTRATION SERVICES

October 7, 2016

ANTHONY VLAHORIC
2000 NE 135 ST #1009
NORTH MIAMI, FL 33181

SUBJECT: ANTHONY VLAHORIC P.A.
Ref. Number: W16000068995

We have received your document for ANTHONY VLAHORIC P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 516A00021649

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Anthony Vlahovic, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2000 NE 135 ST #1009

NORTH MIAMI, FL 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful activities within the real estate industry.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Vlahovic, President

Name and Title: _____

Address 2000 NE 135 ST #1009

Address: _____

North Miami, FL 33181

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

16 OCT 21 AM 10:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Anthony Vlahovic _____

Address: 2000 NE 135 ST #1009 _____

NORTH MIAMI, FL 33181 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony Vlahovic _____

Address: 2000 NE 135 ST #1009 _____

NORTH MIAMI, FL 33181 _____

16 OCT 21 AM 10:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/14/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/14/16
Date